

5838-00300

THE UNITED STATES PATENT AND TRADEMARK OFFICE

§

88888888

Application No.:

09/864,510

Confirmation No.:

2445

Filing Date:

May 24, 2001

Inventors:

Murphy et al.

Title:

VENTRICULAR

RESTORATION SHAPING APPARATUS AND METHOD

OF USE

Examiner:

R. A. Lewis

Group/Art Unit:

3732

Atty. Dkt. No.:

5838-00300

CERTIFICATE OF MAILING UNDER 37 C, F.R. §1.8

DATE OF DEPOSIT:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:

INFORMATION DISCLOSURE STATEMENT

§

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313

Sir:

It is respectfully requested that this Information Disclosure Statement be entered and the documents listed on attached Form PTO-1449 be considered by the Examiner and made of record. Copies of U.S. Patents and U.S. Patent Applications are not required and have not been provided. Copies of documents FF1-FF3 are enclosed for the convenience of the Examiner.

Enclosed is a fee authorization form for the filing of this Information Disclosure Statement. Should any further fees be required, the Commissioner is authorized to charge said fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account No. 50-1505/5838-00300/EBM.

Respectfully submitted

Eric B. Meyertons

Reg. No. 34,876 Attorney for Applicants

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.

P.O. Box 398

Austin, Texas 78767-0398

Ph: (512) 853+8800 Fax: (512) 853-8801

Date:

04/14/2005 MAHMED1 00000029 501505

09864510

01 FC:1806

180.00 DA

Form PTO-1449 (modified) ATTY. DKT. NO. 5838-00300						SERIAL NO. 09/864,510		
List of Patents and Publications (15)						GROUP: 3732		
For Applicant's Information Disclosure Statement								
		ral sheets if necessary)	ATE: May 24, 2001	CONF. NO.: 2445				
(-		2002	,	DOCUMENTS	1			
EXAM.	REF.	DOCUMENT NUMBER	DATE	NAME	CLASS	SUB	FILING DATE	
INITIALS	DES.					CLASS	APPROPRIAT	
		6852076	02/08/2005	Nikolic et al.				
	· · · · · ·							
	ļ				1			
	<u> </u>							
		U.S.	PUBLISHE	D APPLICATIONS				
EXAM. INITIALS	REF. DES.	PUBLICATION NUMBER	DATE	COUNTRY	CLASS	SUB CLASS	FILING DATE APPROPRIAT	
		20030192561	Murphy et al.	10/16/2003				
		20030050682 A1	Sharkey et al.	3/13/2003 (prov. Filed 8/9/99)				
	R I	M			10	<u> </u>		
	<u> </u>							
		OTHER ART (Inclu	ıding Author	, Title, Date, Pertinent P	ages, E	tc.)		
	FF1	Di Donato, M. et al. "Regional Myocardial performance of non-ischaemic zones remote from anterior wall left						
		ventricular aneurysm - Effects of aneurysmectomy", European Heart Journal, (1995) 16, 1285-1292. International Preliminary Examination Report for PCT/US02/16304 mailed March 29, 2005 (Atty. Docket No.: 5838						
	FF2	00901).						
	FF3	International Preliminary Report on Patentability for PCT/US04/06061 mailed April 1, 2005 (Atty. Docket No.: 5838 01802).						
							·	
	 		· · · · · · · · · · · · · · · · · · ·				<u> </u>	
	 							
	ļ · ·							
				<u> </u>				

EXAMINER:

DATE CONSIDERED:

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the patent own



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

§

§

§

§

§ §

§

§ §

§

Application No.:

09/864,510

Confirmation No.:

2445

Filing Date:

May 24, 2001

Inventors:

Murphy et al.

Title:

VENTRICULAR

RESTORATION SHAPING APPARATUS AND METHOD

OF USE

Examiner:

R. A. Lewis

Group/Art Unit:

3732

Atty. Dkt. No.: 5838-00300

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

DATE OF DEPOSIT:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:

Commissioner for Patents Alexandria, VA 22318

Jackie L. Pitre

FEE AUTHORIZATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The Commissioner is hereby authorized to charge the following fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 15-1505/5838-00300/EBM:

1. Information Disclosure Statement Fee

\$180.00

TOTAL AMOUNT:

\$180.00

The Commissioner is also authorized to charge any extension fee or other fees that may be necessary to the same account number.

Respectfully submitted,

Epic/B. Meyerions Reg. No. 34,876

Attorney for Applicants

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.

P.O. Box 398

Austin, Texas 78767-0398

Ph: (512) 853-8800

Fax: (512) 853-8801

Date: